



Incorporated 1400344

---

---

## CLUB INCIDENT REPORT FORM

This form must be completed and sent to Traditional Archery Australia if you have an accident on the club grounds or one of your members are injured while carrying out archery activities. This form must be sent through within 24hrs of the incident occurring.

Scan and send to: [lesk9@yahoo.com.au](mailto:lesk9@yahoo.com.au) and [linakerz@bigpond.com](mailto:linakerz@bigpond.com)

Originals to:  
Club Incident  
PO BOX  
927 Morayfield QLD 4506

Our Insurance Brokers are:

**Pollard Insurance Brokers**  
**Address: Suite 12, 395 Nepean Highway, Frankston, VIC 3199**  
**Tel: (03) 9783 6255**  
**Fax: (03) 9781 4645**  
**Web: [www.pollardinsurance.com.au](http://www.pollardinsurance.com.au)**

Minor first aid incidents must be recorded in your first aid book and held by the club safety officer or club committee.

Club Name: .....

Postal Address: .....

Name of person completing this form: .....

Postal Address: .....

Email Address: ..... Phone: .....

Signature: ..... Club position: .....

Date of incident: ..... Time of incident: .....

Place of incident: .....



Attach extra pages if required

Person injured 1: ..... TAA Membership No: .....

Address: .....

Person injured 2: ..... TAA Membership No: .....

Address: .....

Property damaged: .....

Property owner: .....

Address: .....

Witness 1: ..... TAA Membership No: .....

Address: .....

Signature: ..... Date: .....

Witness 2: ..... TAA Membership No: .....

Address: .....

Signature: ..... Date: .....

Attach any relevant documents: List here.

.....  
.....  
.....  
.....

Office use:

Date and time received: \_\_\_\_\_ Date and time forwarded to brokers: \_\_\_\_\_

List any documents attached: \_\_\_\_\_

.....

Action taken to reduce or prevent this incident occurring again:

.....  
.....  
.....  
.....

Follow up required:    Yes    No    If yes by who: \_\_\_\_\_

.....